

APPLICATION DATA SHEET**Application Information**

Application number::	N/A
Filing Date::	October 17, 2001
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	N/A
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	N/A
Number of CD disks::	N/A
Number of copies of CDs::	N/A
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title ::	COMPOSITIONS AND METHODS FOR CYSTIC FIBROSIS THERAPY
Attorney Docket Number::	200116.403D1
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	N/A
Total Drawing Sheets::	N/A
Small Entity?::	Yes
Petition included?::	No
Petition Type::	N/A
Licensed U.S. Gov't Agency::	N/A
Contract or Grant No::	N/A
Secrecy Order in Parent Appl.?::	N/A

First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Horst
Middle Name::	N/A
Family Name::	Fischer
Name Suffix::	N/A
City of Residence::	Albany
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	839 Caramel Avenue
City of mailing address::	Albany
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94706

Second Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Beate
Middle Name::	N/A
Family Name::	Illek
Name Suffix::	N/A
City of Residence::	Albany
State or Province of Residence::	CA
Country of Residence::	USA
Street of mailing address::	839 Caramel Avenue

City of mailing address:: Albany
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94706

Third Applicant Information

Applicant Authority Type:: N/A
Primary Citizenship Country:: N/A
Status:: N/A
Given Name:: N/A
Middle Name:: N/A
Family Name:: N/A
Name Suffix:: N/A
City of Residence:: N/A
State or Province of Residence:: N/A
Country of Residence:: N/A
Street of mailing address:: N/A
City of mailing address:: N/A
State or Province of mailing address:: N/A
Country of mailing address:: N/A
Postal or Zip Code of mailing address:: N/A

Fourth Applicant Information

Applicant Authority Type:: N/A
Primary Citizenship Country:: N/A
Status:: N/A
Given Name:: N/A
Middle Name:: N/A
Family Name:: N/A

Name Suffix:: N/A
City of Residence:: N/A
State or Province of Residence:: N/A
Country of Residence:: N/A
Street of mailing address:: N/A
City of mailing address:: N/A
State or Province of mailing address:: N/A
Country of mailing address:: N/A
Postal or Zip Code of mailing address:: N/A

Correspondence Information

Correspondence Customer Number :: **00500**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax Number:

E-Mail address::

Representative Information

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Divisional of	09/174,0744	October 16, 1998
	Continuation-in-part of	08/951,912	October 16, 1997

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
N/A	N/A	N/A	N/A

Assignee Information

Assignee name::	Children's Hospital Oakland
Street of mailing address::	5700 Martin Luther King, Jr. Way
City of mailing address::	Oakland
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94609-1673

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